

2914

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No.

572

Registrar's No.

27

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 8th St & 15th Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home In Community 12 yrs In Arizona 12 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits also write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME William Joseph McKay (b) If veteran _____ name war _____ (c) Social Security No. none
(If NONE write the word)

4. Sex male 5. Color or Race White 6. (a) Single, married, widowed or married

6. (b) Name of husband or wife Laura S. McKay 6. (c) Age of husband or wife, if alive 67 yrs.

7. Birthdate of deceased March 24 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 4 If less than one day hrs. min.

9. Birthplace Emory, Texas
(City, town or county) (State or Country)

10. Usual Occupation retired

11. Industry or Business farming

12. Name William J. McKay

13. Birthplace Texas
(City, town or county) (State or Country)

14. Maiden Name Laura Adair

15. Birthplace San Antonio, Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature L. McKay

(b) Address Rt 1 Somerton, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Yuma, Cemetery (c) Date 3/1/42 19

18. (a) Embalmer's Signature C. Johnson

(b) Funeral Director The Johnson Mortuary

(c) Address Yuma, Arizona

19. (a) March 3 1942
(Date received local Registrar)

(b) Mary A. Hufferman
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 1 1942, 19____; TIME (Hour and minute) 8:00 A M.

21. I hereby certify that I attended the deceased from Feb 22, 1942 to Mar 1, 1942; that I last saw him alive on Feb 28, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to asthma

Due to _____

Other conditions influenza
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) no

(b) Date of occurrence March 1 1942

(c) Where did injury occur? Yuma (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Charles L. Harrison M. D.

Address Yuma, Arizona Date signed 3/3/42

DURATION

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.